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18

Number of Pages (including this page)

Date: November 28, 2005

To: Mail Stop: **RCE**

Location: United States Patent and Trademark Office

Fax No.: 1 (571) 273-8300 Centralized Facsimile

From: Larry G. Brown – Reg. No. 45,834
Docket No. CE11296JEM

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MESSAGE:

In connection with the above-identified Patent Application, please find attached herewith the following documents:

- Transmittal Form;
- Request for Continued Examination (RCE) Transmittal (in duplicate);
- Fee Transmittal (in duplicate);
- A twelve (12) page Amendment;

PLEASE DELIVER THESE PAPERS TO:

EXAMINER:	Klimach, Paula W
GROUP ART UNIT:	2135
SERIAL NO.:	10/631,370
FILED:	July 31, 2003
INVENTOR:	STUART S. KREITZER

CERTIFICATE OF FAX TRANSMITTAL

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Date: November 28, 2005

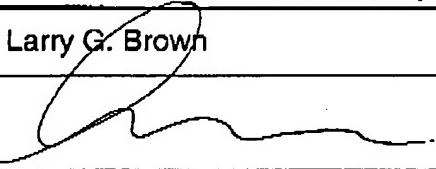
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/631,370
		Filing Date	July 31, 2003
		First Named Inventor	Stuart S. Kreitzer
		Group Art Unit	2135
		Examiner Name	Klimach, Paula W
Total Number of Pages in this Submission	17	Attorney Docket Number	CE11296JEM

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks X Facsimile Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Larry G. Brown	Registration No. 45,834
Signature		
Date	November 28, 2005	

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Signature		
	Date	November 28, 2005

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FEE TRANSMITTAL		Complete If Known			
Patent fees are subject to annual revision		Application Number	10/631,370		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 31, 2003		
		First Named Inventor	Stuart S. Kreitzer		
		Examiner Name	Klimach, Paula W		
		Group Art Unit	2135		
TOTAL AMOUNT OF PAYMENT (\$)		(\$790.00) Attorney Docket No. CE11296JEM			

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>185</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>19</td> <td>- 4</td> <td>= 21</td> <td>x 50 = 0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>= 0</td> <td>x 200 = 0</td> </tr> <tr><td colspan="5">360 =</td></tr> </tbody> </table>					Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	Independent Claims	19	- 4	= 21	x 50 = 0	Multiple Dependent			= 0	x 200 = 0	360 =																			
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	<u>Larry G. Brown</u>			Registration No. 45,834
Signature				Date November 28, 2005